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COMMUNICATIONS.

CASES OF PROLONGED HICCUP.

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Read before the Northern Medical Society of Philada.

Dunglison defines hiccup, "A noise made by the sudden and involuntary contraction of the diaphragm and the simultaneous contraction of the glottis, which arrests the air in the trachea." According to Marshall, it is "A short, sudden inspiration produced by a sharp convulsive contraction of the diaphragm, at the end of which the glottis is suddenly and spasmodically closed, so that the air strikes it from below." The mechanism of hiccup does not yet seem to be thoroughly established. In former times it was attributed to a convulsive movement of the stomach. This theory probably originated from the fact that gastric disturbance, whether arising from the food being too hot or too abundant, or even too scanty, or from its being imperfectly digested, is a frequent exciting cause of hiccup. The hiccup of the drunkard, from excessive indulgence in spirits, is well known. It is sometimes so slight and transient in character, that it hardly merits the name of a disease, while at other times it is a symptom of the gravest import. In the latter stage of most fatal diseases it often makes its appearance, and superadded to other grave symptoms, makes the prognosis still more unfavorable. Though in the great majority of cases a purely reflex phenomenon, it sometimes, as in apoplexy, hydrocephalus and meningitis, originates in the nerve centres. Cases have been reported where hiccup has long continued

without any detected cause, and where death has resulted, and a post-mortem examination has revealed no lesion which would account for it. The object of the present paper is not to give an explanation of the causes of hiccup, but to recite the history of several instances of it which have occurred in my own practice, whose origin was obscure, and which were remarkable for their intractable character and long continuance. My first case, seen by me in the year 1863, was that of a butcher, aged about 35 years, whose previous health had been good until a short time before. I was called to visit him for what his family described as a fainting fit, which, however, had ceased before I reached his house. Two weeks after this he was seized with a most distressing hiccup. The singultus was very violent, jarring his whole body, and continued for nearly a week, ceasing only when he slept. Dr. Littell visited the patient with me. The medicines used seemed to have little influence over the disease, which at last disappeared without my being able to say that any one drug had been instrumental in effecting this result. It was supposed, at the time, that the cause of the hiccup was cerebral. He was not completely restored to health until several months after. Four years after I attended him with convulsions. My impression is that his mind was never so vigorous after his attack of hiccup as it had formerly been, evidenced by his being unable to carry on his business with the same judgment which he had formerly exercised. My notes on this case are somewhat meagre, but I remember that I used a remedy once highly esteemed, the web of the black spider, without, however, obtaining any abatement of his distress.

My next case is a more recent one. The patient is an unmarried lady, aged about 40, who has been an invalid for nearly 20 years; for the last eight years she has been confined to the house. She has an obscure nervous affection, probably spinal; suffering almost constant pain, especially along the spine, which is exceedingly sensitive to pressure. She has almost daily headache, with much pain in abdomen and chest. She has no leucorrhœa, and her menstruation is regular. She has never been willing to submit to a vaginal examination. Locomotion increases her pain. She manages to slide down stairs in the morning and crawl up again at night, but most of the time she is in a recumbent position. She has occasional exacerbations of pain, for which chloroform has been found most effectual. She sometimes sleeps for many hours after its administration. Some years ago I tried nitrite of amyl inhalations, which relieved for a time, but at last produced so much rigidity of muscles of limbs and chest as to occasion great distress, so that I was obliged to abandon its use and return to chloroform. On the 24th of May, 1879, she was attacked with hiccup, which, at first intermittent, soon became constant; her only relief from it being during sleep, so that for about eighteen hours each day there was continued hiccup occurring with each respiration. A host of remedies for hiccup (and also for flatulence, to which at first I supposed it might be owing) were tried without benefit, such as *grindelia robusta*, turpentine, chlorinated soda, Hoffman's anodyne, chloral, valerian, assafœtida, musk, cypripedium, capsicum, bicarbonate of soda, bismuth, oil of amber, tincture of castor, chloroform inhalations, etc., until I was almost in despair of accomplishing anything, and my patient was tired of taking medicines without seeing any beneficial result. On the first of July, finding the tongue very red, with considerable tenderness at the epigastrium, I concluded that I would try calomel, of which I gave six or eight grains in two days. July 3d, she was severely salivated, without any abatement of the hiccup. I then prescribed $\frac{1}{2}$ of a grain doses of sulphate of morphia, after taking one dose of which the hiccup departed. On the eighteenth, fifteen days after its cessation, it returned as severely as ever, morphia now exercising no control over it. On the third of August I tried electro-magnetism. This I had wished to use before, but the patient had stoutly resisted, saying that it had been applied many years ago by her physician, for her nervous affection, and that after trying it once she could not lie in bed, but was obliged to sleep

in a sitting posture, and that this difficulty continued for a long time, in fact, until she had had typhoid fever, after which she was able to lie down. Having gained her consent, I applied the poles of a Gaiffe battery to the region of the diaphragm, August 3, 6, and 9, on which latter day hiccup ceased. On my visiting her, August 13th, I was informed that she had hiccuped only three or four times in the four days. The relief was not permanent, for on the sixteenth of August Dr. Updegrove was called to see her, I being out of town, and found her hiccuping almost incessantly. He tried the battery, but without benefit. September 4th, I visited her and found her as bad as ever. I again tried chloroform, which Dr. Updegrove had used during my absence; I could stop the hiccup while she was fully under its influence, but before consciousness was entirely restored it would commence as violently as before the administration of the chloroform. On one occasion I kept her anæsthetized for fifty minutes, and left her; in ten minutes after I was informed the hiccup was back again. September 7th, I tried nitrite of amyl without producing any impression. I may remark, however, that the attack had been in the house for four years, and may have been impure. September 8th, I tried galvanism, applying one pole to lower part of side of neck, the other to diaphragm, changing the poles occasionally to sternum, which region seemed most sensitive. There was some relief, the hiccup becoming less severe. I used 20 cells of a Fleming & Talbot's battery. Two days after I again tried galvanism. The patient awoke next morning, September 11th, and was surprised to find that she was free from hiccup. September 13th, after a rest of two days, the enemy resumed the attack; I continued to use galvanism. September 14th, hiccup was less frequent, and next day, after breakfast, it was entirely gone, and did not make its appearance again for forty-six days. On calling, December 1st, patient stated that there had been no hiccup during all this time, except for a short time the evening before and on the morning of my visit.

To sum up: The patient had, during her hours of wakefulness, continuous hiccup for six weeks, then an intermission of fifteen days, then, with an occasional intermission, in all only seven days, for nine weeks longer, so that in seventeen weeks she had fourteen weeks of hiccup. The number of hiccups was several times counted, and found to be 900 in an hour, though on one occasion 400 in $\frac{1}{4}$ of an hour were counted. On an average, she hiccuped 15,000 times a day, or dur-

ing the whole period probably not far from a million times. There was an entire absence of fever. The urine was examined several times and found free from albumen and sugar. Those who have not seen cases of this kind, which, fortunately, are extremely rare, can hardly conceive the distress produced by the persistence of this obstinate symptom. The galvanic battery seemed to be the only appliance which exercised any permanent influence over the hiccup. The patient still continues to use it. Even before there was any apparent advantage from its use the patient expressed herself relieved in the head and abdomen on its first application, and to it she ascribes the long immunity she has since enjoyed. (The suffering was so great that the patient lost all hope, thought that she would die, and said that death would be a welcome relief from the torment she was enduring.)

I had hoped to be able to record a victory for galvanism, but on calling to see the patient this afternoon, December 12th, I find that she has been hiccuping since December 1st. I counted the number, and found about seventeen per minute.

CLINICAL STUDIES OF INEBRIETY. DISEASE VERSUS VICE.

BY T. D. CROTHERS, M.D.,
Of Hartford, Conn.

I have, for years, urged that every person who was either a continuous or periodical drinker, using alcohol in any form to intoxication, was most emphatically suffering from the disease of inebriety. I am also confirmed in my belief that the starting point of this disease is in the first instance of intoxication, or toxic effect of alcohol. The pathological and psychical impressions produced on the organism at this time are permanent, although inebriety may not always follow. The germ of disease then implanted may remain dormant for years, then suddenly spring into activity, from the action of some peculiar exciting causes.

This view of inebriety has been the subject of much criticism, particularly by those who never studied these cases practically or clinically. The papers and articles written to prove the error of this view and the vice of inebriety form one of the most curious chapters in the history of psychological literature. Even to-day, men who are learned in psychological studies continue to repeat statements and theories both confusing and unreliable, and with no basis in clinical facts, in a spirit of dogmatic assumption that is very lamentable.

I have lately had an opportunity to study the history of two cases of inebriety which were under the care of two very excellent superintendents of large insane asylums. These cases formed the basis of many bitter comments, in which they severely condemned all inebriate asylums, and pronounced the theory of inebriety as a disease perfectly absurd, and false in every particular.

My purpose in reporting these cases is not so much to indicate the assumptive ignorance of these physicians, as to point out the necessity of a thorough study of such cases, with all the aids at our command, before pronouncing on the question of vice or disease. If physicians who are persuaded that they have something new to write on this subject would ignore the baseless mass of theories that are repeated from one author to another, and study a few cases of inebriety thoroughly, they would find facts of the greatest interest, that are practically unknown at present.

CASE 1.—The father of this patient was a regularly educated physician, but who, all his life, vacillated between one school of practice and another, adopting every new idea proposed, and manifesting much enthusiasm and bigotry in defending them. He was also noted for his changing religious views, and generally was of very uncertain mental calibre. He was healthy, temperate, and lived to eighty, dying of some heart affection. His wife was a retiring woman, of a gloomy disposition. Her mother and grandmother, on her father's side, were insane, and her brother had epilepsy in early life, and later died an inebriate. She was neuralgic and eccentric at times, and had convulsions at the birth of her son. B., the subject of this history, was the only child of the above parents. During childhood he was noted for his exceeding fretfulness and impulsive temper. He grew up rapidly, developing an active, nervous temperament, a ready memory, and was considered precocious in his ability to learn. At puberty he was sick for nearly a year, from some form of fever, attended with exhaustion, anæmia, and much irritability of temper. At twenty-one he graduated from college with high honors, and two years later was admitted to the bar as a lawyer. For some years nothing unusual was noted. He won distinction, and acquired a large practice. At twenty-eight he married. Up to this time he had been very generous and lavish of money, then suddenly he became penurious and refused all claims for charity. At thirty, with equal suddenness, he gave up all his flattering prospects

as a lawyer, for a third-rate partnership in a manufactory. To his friends he gave no special reasons for his miserly habits or his change of occupation. To his wife he affirmed that he had great fear of dying in the poorhouse. In the manufactory he kept the books, and manifested great pleasure in watching the operatives. About this time a change was noticed in his personal appearance, wearing poor and soiled garments, which was attributed to his excessive economy. He had always frequented the best society, and had been temperate in all his habits, attending church, and foremost in all endeavors for social reform. Now, all unexpectedly, he seemed to avoid this circle, and began to visit the mill operatives and the saloons which they frequented, playing cards with them and drinking beer at their expense. During the following years all these low tastes increased, also his miserly habits and general disregard of society and its claims.

At forty he was sole owner of the business and wealthy, dressed poor, was selfish and grasping, and generally suspicious of everybody. He drank wine at home moderately, avoided company, and worked very hard. Much against his wishes his wife and daughter went traveling in Europe; the great objection was the expense. After the excitement of parting he went home, drank to intoxication, and in the delirium which followed broke up much furniture and threw it out of the window. He repented deeply for this act, called in a clergyman, signed the pledge, and declared he was going to live a different life. A few months later he drank again suddenly, and had a furious delirium, during which he destroyed more of his property, and injured a servant who attempted to stop him. This was followed by a long period of repentance, during which he attended church and seemed a different man. The news of his daughter's death abroad brought on another severe paroxysm of drink, which lasted nearly a week, ending in a low, nervous fever. Recovering from this he drank every day moderately, his temper seemed more violent and irritable, and a change of character was apparent. He forbade his wife coming to the house, but sent her large sums of money, was sleepless at night, and often very profane. These paroxysms returned more frequently, but were less violent, unless from some special cause. Wine was used at the table regularly, but never to excess until evening. In business he was very energetic, manifesting great skill and judgment, and gave no evidence of mental debility. He spent his time reading old books on witchcraft and necromancy, making

quite a collection of that kind of literature; he ate temperately, and appeared in good health. The delirium of destruction which followed the paroxysm of drink seemed to be in a measure under his own control. This he declared to be so, and affirmed his desire to give up alcohol, and urged others in public meetings, with much skill and eloquence, managing a temperance canvass in every neighborhood of the country. He gave money and time freely for the blue ribbon cause, and was thought to be a "brand plucked from the burning," but to his intimate friends he was very irritable and impulsive.

At this time I was consulted, by letter, about this case, and gave a free opinion that he was suffering from inebriety, and needed exact and long continued medical care. Shortly after he relapsed and suffered from a severe paroxysm of drink, breaking up his property, and was altogether so violent that his friends conveyed him to an insane asylum, giving the superintendent my letter, with the diagnosis of inebriety. In ten days he had so far recovered as to be sent home cured. The superintendent wrote a long letter, giving a history of the case to the family physician, indicating that there was no evidence of disease, and not the slightest suspicion of anything more than pure drunkenness, associated with a vicious temper, advising that he be locked up at home and forced to control himself when in this condition. This the patient agreed to willingly, but on the return of the next attack resisted, with wild fury, all attempts to carry it out.

Six months later he was returned to the asylum, and the superintendent wrote his friends that he would make a special study of this case. The result of this study was a more positive confirmation of his former views, with an additional statement that the delirium was merely the outburst of a mean, vicious nature, liberated by alcohol. He was discharged in two weeks, and relapsed a month later. Growing gradually worse, he was persuaded to come under my care.

I found him a robust, healthy-looking man, who reasoned quite clearly about his case, deploring the neglect of his spiritual faculties, etc., and seemed quite anxious to get strong, but had the usual delusion, that he could stop any time; also, that wine in moderation would benefit him, and was necessary in ill health and overwork. A closer study revealed the presence of a delusion, viz: That he was under the power of some spiritual agency, which took possession of his body for a special purpose. He referred to *Cotton Mather* on witchcraft and the power of evil influence; these impressions he dated from the

time of his first intoxication. He admitted that it might be all a delusion, but felt confident that after a certain point in drinking he was a mere automaton in the hands of other persons, as in a mesmeric state. He had, for years, made collections of books which contained proof of this condition or power. His reasoning was very acute on this topic, and he was also full of ideas of persecution, and fears of suffering from extreme poverty and want. Economically, he was satisfied to come to an asylum, and explained his mania for destruction as an effort of his higher nature to get the ascendance over the lower. On other subjects his mind was clear, although very sensitive and changeable.

The second week under my care he arose one morning in a condition of great excitement and alarm; went about aimlessly; had great fear of dying; his pupils were congested, and he begged for alcohol; made his will, etc.; but under the influence of narcotics, became quiet. The next day he was melancholy and much exhausted. The third day he recovered, was calm, and seemed in fine spirits. The congested pupils cleared up, and, except a nervous trembling, he was much better than he had been before. He went away the fourth week, in the fullest faith of recovery, made a strong temperance speech at his home church, went directly to his house and drank to intoxication, three days after leaving my care. One year after he gave up business, and is now traveling in Europe, with an attendant. He drinks regularly, has delirium less frequently, but is much weaker, both in mind and body.

Such is a brief outline of a case which was affirmed by a prominent physician to be vicious inebriety, and a good illustration of the vice of drunkenness, that was, to him, very strangely held up as a disease.

Some of the special facts of this history may be grouped as follows:—

1. The hereditary history pointed strongly to a taint of insanity, and the presence of a diathesis, which might develop any time, under proper exciting causes.

2. His history up to the time of the first intoxication indicated a degree of eccentricity, and instability of brain function that was very suspicious.

3. The first intoxication opened the door for delusions. The delirium for destruction which followed, and the recurrence of the drink craving, were unmistakable evidences of disease.

4. The subsequent progress of the case furnished the clearest proof, and both the physical and psychical symptoms pointed to the develop-

ment of an insane diathesis, which took the form of inebriety.

CASE 2.—A gentleman wrote me of his brother, who had been under the care of a noted specialist and superintendent of an insane asylum for inebriety, and repeatedly discharged as *incurable* and *incorrigible*, requesting me to take care of the case; and correspond with the physician of the asylum. In answer to my letter this physician wrote me at length; first regretting that I had advocated the disease theory of inebriety, and advising that I turn my attention to the study of insanity, etc.; second, of this case, he had studied it carefully, and was long ago convinced that he was a mere "bummer," in the sense this term was used in the army; also a vicious, base, bad man, without any evidence of the so-called disease of inebriety; third, and last, he had no sympathy with any who called such persons diseased, and he believed the worst results would follow such an opinion.

A short time after this case came under my care, with the following history: H., aged forty-one. His father was a speculator, and drank hard up to his death, at forty-eight. His mother was in ill health, and died soon after his birth. His two brothers were temperate; one had convulsions in early life; was now a selfish, miserly man. The only sister he had was eccentric and of gloomy disposition. H. graduated from college, entered a medical school, then went into the army, was attacked by typhoid fever, and after recovery was detailed as a clerk in the departments at Washington.

At the close of the war he came home and entered into business, as traveling agent for his brother. Nothing unusual was noticed until 1870, when, after an accident on the railroad, in which he was slightly injured, he drank to protracted intoxication, and was ill for two weeks. A year later he drank again, for two weeks, and spent much money with low company. Up to this time he had always been very truthful and correct in all his business habits; now he seemed to change suddenly, and was very unreliable, telling falsehoods where it was very foolish, and where the truth was better for his own reputation. He became careless and forgetful, neglected his business, and was boastful and arrogant, bragging of events which never took place. In business he was dishonest, and was discharged by his brother. Committing some assault while drinking, he ran away, and was heard from in California, as a barkeeper and gambler, for the next two years. Returning, much broken down in health and destitute, his brother employed

him as a porter. He drank beer steadily, and was occasionally quite stupid from it. On recovering, he was filled with delusions of robbery and poisoning by his friends. He manifested fair average intelligence, and affirmed that he often used brandy or beer to drown the depression of spirits and sustain his energies. He was often the object of the temperance missionaries, always uniting with earnestness in every effort to help others to reform. Repeatedly he united with different churches, made strong appeals to sign the pledge, but fell himself, with every temptation. When caught where denial was useless, he would acknowledge his sins in the most penitent manner, and describe them with gross exaggerations. It seemed a keen pleasure to him to be the object of prayerful attention, and for a long time he was one of Mr. Moody's most hopeful converts. In the midst of such excitements, he would drink in his room, then thrill every one with the most extravagant details of struggles with the tempter, and prayers for help. He possessed a vein of extravagant oratory that never failed to attract the closest attention. His mind was buoyed up with an extraordinary confidence and hope in the future. He would drink hard all night, be intoxicated, and on recovery go into the church and announce confidentially that he was destined for some great work and would yet be known as the champion of the cause of reform. His thoughts could not be concentrated very long on one topic, and he was either hesitating or very bold. He was keen to take advantage of the situation, and use every opportunity for his advantage; also he displayed much cunning in covering up the real condition. His drinking seemed to be for relief from exhaustion or depression, from which he suffered. He suffered under my care from distinct periods of exhaustion, which seemed to bring out the worst features of his nature, but when these were over he was quite a different man.

When much intoxicated he used violent, threatening language to his relatives, hence he was sent to the asylum as a dangerous person. Under my care great improvement followed, and he is yet under treatment, with strong prospect of recovery.

This case, like the former one, was the subject of unjust reflections and criticism, and the history may be condensed in the following statements:—

1. The hereditary history indicated an inebriate diathesis.
2. The onset of inebriety following an injury and nervous shock from a railroad accident.

3. The total change of moral character, and his subsequent moral perversions, more prominent than the drink paroxysms.

4. The peculiar depression and exhaustion which preceded the drinking all outlined clearly the presence of the disease of inebriety, which the subsequent history confirmed.

These cases may be considered fair illustrations of many others that are sent to the insane asylum, and are considered by some physicians unworthy of study, and as possessing little or no psychological interest.

Both of these cases have been considered types of the vice of inebriety, and in both instances they were not studied, only in the most cursory way. All attempts to demonstrate a condition of vice in the disorder of inebriety indicates a most superficial knowledge of the subject, clinically, and may be compared with similar efforts to show a stage of vice in insanity.

HOSPITAL REPORTS.

THE COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

LECTURE ON DISEASES OF WOMEN.

BY PROF. T. GAILLARD THOMAS.

Reported for the MEDICAL AND SURGICAL REPORTER.

Case 1.—Chronic Ovaritis, with Prolapse of the Ovary.

GENTLEMEN:—Our first patient to-day is Elizabeth R., a widow, thirty-five years of age, and a native of England. She has had three miscarriages, but no children at full term; and it is ten years since she was last pregnant. How long have you been sick Mrs. R.? "About seven years." What have you complained of during this time? "Great pain in the back and head." Have you suffered from a constant headache? "No, but I have it very often." Is the pain in your head constant? "Yes, I feel it all the time." Do you suffer much at the time of your monthly periods? "Very much, indeed." At what portion of the period do you have the greatest pain? "Before the flow comes on." Have you any other trouble? "My bowels are always constipated." Do you have the whites at all? "Yes." Do you have any trouble with your bladder? "No." Do you complain of anything else? "Nothing but chills." How often do you have these? "Sometimes five or six times a day." (Of course what the patient here refers to is what are known as nervous chills).

When a physical examination was made in this case, I found that there was an abnormal mass situated at one side of the uterus, which was so sensitive that the use of conjoined manipulation gave the patient very great pain. With my finger in the vagina I found that it was possible to push this mass up, by a species of *ballottement*; but it

always fell back in the same position again. Such a mass as this could hardly be anything else than an inflamed and enlarged ovary, which, on account of its increased weight, had slipped down out of place. The next inquiry that we make is, does this condition of the ovary account for the troubles complained of by the patient?

What are the principal symptoms here? Constant backache, very frequent and severe headache, nervous chills, leucorrhœa, and pain preceding the menstrual flow, and which, therefore, can scarcely be strictly called dysmenorrhœa. The latter is not, then, painful menstruation, so much as painful ovulation. All these symptoms are really characteristic of the condition which, for want of a better term, we call chronic ovaritis, and hence it is not necessary to look further for the diagnosis here. As some of you, perhaps, would like to inquire why there should be leucorrhœa with chronic ovaritis, I will simply say that, from sympathy, the uterus is always much congested in these cases, and leucorrhœa, as you know, is one of the most constant results of uterine engorgement. As to the treatment to be pursued in such cases as this, I will not detain you to go into its details now, as I have recently spoken quite fully upon the subject. I will merely mention, in brief, that it should consist in the wearing of an appropriate pessary, for the purpose of keeping the ovary up in position, and in the persevering use of the constant current in the inter-menstrual periods; while, for a few days before the appearance of the catamenia, the patient should be instructed to remain in bed, and to take the bromide of ammonium.

Case 2.—Extreme Retroflexion, with Areolar Hyperplasia.

Mary Ann K., a native of the United States, and forty-four years of age. She is married and has had six children, but no miscarriages. She states that she has not menstruated for eight months; so that it is altogether probable that she has now reached the menopause.

How long have you been sick, Mrs. K.? "About a year altogether." What do you complain of principally? "Pain in the back." Do you have this all the time? "It is worse in the night than in the daytime." Then you get no ease by lying down? "No, not until I get up. I twist and turn all night long." (The great symptom here, then, seems to be that the patient cannot lie on her back, and turns from one side to the other in order to avoid this. From what has been thus far gathered, there does not seem to be any special reason for supposing the presence of some uterine or other pelvic disorder; and yet this pain in the back, and the great nervousness mentioned, are sufficient to lead us to ask one or two direct questions.) Do you have the whites? "No." Have you any trouble about your bladder? "Yes, a good deal of pain." Do you have to pass your water very often? "Yes." And do you suffer much distress when you pass it? "Yes." How are your bowels? "They are very constipated, and, indeed, never move unless I take some kind of medicine." When you used to have your monthly sickness, were you irregular in your

periods? "For the last year I was not regular." Did you lose too much blood or too little at this time? "Too much."

In making a diagnosis in cases like this, we always have to begin by feeling our way in the dark. First we suspect one organ, and interrogate it, and then another; and he will prove the best diagnostician who really wants to find out just what is the matter with his patients. Let me now show you, upon the blackboard, what causes these odd symptoms in the present case. From this diagram you will perceive that the patient's uterus is in a state of extreme retroflexion, and that, in addition, it is very much larger than it ought to be. It is affected with marked corporeal hyperplasia, which has resulted from its being kept, on account of its malposition, in a condition of constant engorgement. The arteries bring to the organ its natural supply of blood, but, owing to the bending of the veins, whose walls are readily compressed, its return is materially impeded. The condition of the uterus is very well represented, in a homely way, by a finger which has become swollen, from the constriction of a ring that is too tight. The pain in the back is undoubtedly due to the pressure of the uterus upon the sacral plexus, and the interference of the cervix with the bladder gives rise to the vesical disturbances; while the fundus crowds upon and obstructs the rectum. Finally, the congested state of the uterus, no doubt, has a marked effect upon the nervous system of the patient. Thus, you see, every symptom is satisfactorily accounted for.

Placing the patient upon the side, and introducing two fingers into the vagina, I found that I could readily push the fundus up into its normal position. Now, if it could be kept there permanently it would be surprising to find how quickly the patient would be cured of all her trouble. After this uterus had been in position for a fortnight, I doubt not that she would come back and tell you that she actually felt better than she had done for years. The simple indication here is to remove the constriction which is causing the constant congestion of the uterus, by restoring the latter to position, just as the indication is to remove the ring which is constricting the finger, in the case proposed above. The patient now tells me, for the first time, that she not infrequently suffers from intense itching of the body. This, I do not doubt, is a pruritus which depends on the nervous derangement caused by the abnormal position and condition of the uterus; and, therefore, the easiest and most efficient way to treat it will, of course, be to remove the uterine trouble here present.

This, gentlemen, I assure you, is a very instructive case; much more so, indeed, than if it had been one of ovariectomy; for while comparatively few of you will ever be called upon to perform the operation mentioned, all of you will frequently meet just such cases as the present, in your ordinary practice. When a patient of this kind comes to you, the great thing is, first to find out the precise cause of the troubles of which she complains, and secondly, to know how to treat her in the most advantageous manner. If you have profited at all by the lessons which I have endeavored to inculcate here, therefore, you will

not begin to deal with a uterus like this by applying leeches to it, and endeavoring to reduce the inflammation present before restoring the organ to its normal position. If, with the idea that the inflammation has caused all the trouble, you pursue this course, I can assure you that you will never succeed in curing the patient. The abstraction of blood, by leeches or other means, may, perhaps, cause a temporary relief of some of the symptoms; but very soon the same condition of affairs as is now seen will return, and you may go on applying your leeches indefinitely, or as long as your patient will stand such a course of treatment, without accomplishing anything except causing a further depreciation of the woman's health. Again, let me remind you of the swollen finger. What folly it would be to apply leeches to it, or adopt other similar measures, while the cause of the whole trouble is permitted to remain as before; but simply remove the tight ring, and all the swelling and inflammation will presently subside of themselves. Here, then, you are to adopt a precisely similar course; that is, put the uterus in position, and maintain it there; and you will have no further trouble with the case, because the morbid element resides in the flexion. Such a case teaches you, furthermore, to look at inflammation not really as an entity, but simply as the result of a certain number of circumstances combining to produce the phenomena which we designate by this name.

Case 3.—Large Sub-peritoneal Fibroid.

Mary F., a native of Ireland, forty-seven years of age, and the mother of nine children. She has also had two miscarriages, and her last labor occurred four years ago. First, let us get her history.

How long have you been sick? "Four weeks." What did you first notice four weeks ago? "That I was kind of bloated. I thought I was getting to be too big, and when I put my hand to my side I felt a large lump there." This, then, was the first intimation of any trouble that you had? "Yes." You did not feel sick at all before that? "No." Do you still have your monthly sickness? "Yes." Do you have any pain or suffering of any kind? "None at all."

This, gentlemen, is a brief, but very striking history. Here is a patient, in the enjoyment of excellent health, who suddenly discovers that she has a large lump in the side. It does not give her any pain or inconvenience at all; but the discovery naturally worries her. It is, therefore, the knowledge that she has this lump in her side, and not the lump itself, which is causing her annoyance, and which has induced her to seek medical advice. Of course, under the circumstances, a physical exploration was instituted, and I will now show you upon the blackboard what was discovered. Although the patient has said not a word about any difficulty in regard to passing urine, it is found that the bladder is completely crowded up against the symphysis pubis; the fundus of the uterus reaching far up above the symphysis, instead of being on a level with it, as ought normally to be the case. Back of the uterus, and extending high up above the pelvis, is an immense mass, of great hardness, which reaches entirely across the abdomen, from one

side to the other. It seems incredible that such a huge growth should exist in the pelvis and abdomen, and yet be so entirely unaccompanied by symptoms that its presence was only accidentally discovered, four weeks ago, by the patient putting her hand upon her side. This is emphatically a case where ignorance is indeed bliss, and it is folly to be wise.

Now, what may this mass be? It may be a growth of various kinds; but, in the first place, we can readily exclude extra-uterine pregnancy and malignant disease. There are, then, two things which suggest themselves most prominently, ovarian cyst and uterine fibroid. The first of these, however, must also be excluded, on account of the extreme hardness of the mass. But you ask, may it not be a solid tumor of the ovary? The probabilities are all against such a supposition. Such growths are so extremely rare that there are only two or three on record, and as we have already had one indubitable case at the clinic this winter, it is by no means likely that we will find another. When we come to consider the question of sub-peritoneal uterine fibroid, however, we are soon pretty conclusively convinced that there is no necessity for looking any further in making a diagnosis. Among the points in favor of this hypothesis are the following:—

1. Although of such vast extent, the growth has not in the least interfered with the patient's health.
2. It has created no disturbance whatever in the system, beyond giving rise to a little tympanites, by its mechanical pressure upon the bowels.
3. There is no sense of fluctuation anywhere about the tumor.
4. There is no interference with the function of menstruation. If this fibroid were interstitial or sub-mucous, this would not be the case.

We conclude, therefore, that we have to deal, here, with a large multilobar, sub-peritoneal uterine fibroid. As to the prognosis, I do not think it probable that the growth will shorten this woman's life a single day. As it is now so large, it is fortunate for the patient that she is forty-seven, instead of thirty-seven, years old; because tumors of this character, which are merely an abnormal development of the uterine parenchyma, usually diminish in size after the menopause. They become the subject of marked atrophy, like the uterus itself, and in a certain proportion of cases undergo calcareous degeneration. When situated in the cavity of the uterus, such calcifications used to be designated by the old writers as "uterine stones." I do not doubt that this patient will cease menstruating within a year, and think it quite probable that the menopause has been delayed until the present by the existence of this large fibroid. The best advice that we can give to the woman will be to tell her not to feel the slightest anxiety about herself, and to try to entirely forget that she has anything like a "tumor."

Case 4.—First Stage of Prolapsus Uteri.

The next patient's name is Abbie S. She is a native of the United States, forty-one years of age, has been married fifteen years, and has had two children and one miscar-

riage. Her last pregnancy occurred six years ago. How long have you been sick? "Fourteen years." And how long has it been since your first child was born? "Fourteen years." How do you suffer? "I have cramps across the lower part of my bowels." What else? "Pain in the left side, pretty high up." Are you able to stand and walk with comfort? "I cannot walk scarcely at all." Why not? "On account of the pain which it gives me." Are you regular in your monthly periods? "Yes." Do you have any trouble with your bladder? "I used to have difficulty in passing my water, but do not have this now." Do you have the whites? "No."

This woman, as you have heard, was well up to the time of her marriage, and for one year afterward, when she gave birth to a child; and since that she has never enjoyed good health. She walks with difficulty, and there is evidently something wrong about the pelvis, if we may judge from the cramps and other pains of which she complains.

A physical examination reveals what I show you here on the mannikin, viz., the uterus considerably lower down in the pelvis than it ought to be. It has simply descended, however, and has not fallen at all backward; so that the long axis of the organ still points in its normal direction. The broad ligament on either side is found to be somewhat tender to the touch, and when the cervix is dragged downward the stretching of the utero-sacral ligaments thus caused gives the patient a great deal of pain. The perineum, while it has not been ruptured, is very lax, and this is also true of the vagina. Nothing abnormal can be detected about the ovaries.

When you get into practice you will meet with a good many such cases as this, and they will be apt to give you a good deal of trouble. It will be impossible for you to find any ulceration or any inflammation about such a uterus as this (although there is a slight laceration of the cervix), yet you will find that your patient cannot walk. The correct pathological explanation of the difficulty I believe to be that this uterus is in the first degree of descent or prolapsus; and I do not doubt that it has remained in this position ever since the birth of the woman's first child, fourteen years ago, when there was a slight laceration of the cervix. A uterus in such a position as this (which some of the English writers absurdly call "squatting uterus") puts the ligaments attached to it on the stretch, and keeps them continually in a neuralgic condition. You may doubt the pathology that I have suggested, if you please; but I know of no other way of accounting for the history and symptoms which we meet with in cases like this.

The indication here is to keep the uterus up in its normal position, and thus cause a relaxation of the ligaments that are now upon the stretch. The curious point about prolapsus is, that in the second stage, when the uterus gets a great deal lower down than it is here, patients do not usually suffer nearly so much as in the first stage; and when the uterus gets completely out of the body, as in the third stage, they scarcely suffer at all, except from the mere mechanical inconvenience of having such a mass between the thighs. When you ask a patient

with procidentia what is the matter with her, she will at once give you the diagnosis, "falling of the womb," but she will probably not give you any symptoms. The reason of this is, as I believe, that when the ligaments, after a long course of resistance, at length yield, they give up entirely, and the nerves seem to become benumbed by the overstrain upon them. In certain cases, however, the ligaments do not seem to yield at all; and so here they have now held out successfully for fourteen years. I trust that after the foregoing explanations you will all be able to recognize such cases whenever they may chance to come into your hands.

A few moments will be all that it is necessary to devote here to their treatment. The laceration of the cervix which I have mentioned as being present in this instance is so slight that it does not require any attention. The principal question here is: How shall we keep this uterus up in its natural position? This can be done either by a mechanical contrivance, or by means of operative procedure; and under the circumstances of the case, I should unhesitatingly prefer the former, at least for a time. The best instrument, by far, that I know of, for the purpose, is Cutler's cup-pessary, or one of its modifications. By its means the uterus will be held in a sling, as it were, and the strain removed from the various ligaments. Hence the organ will become less and less congested, while the neuralgia will gradually disappear from the ligaments, which will in time recover their natural elasticity. The pessary should always be removed at night, and then astringent injections should be employed, in order to tone up the vagina, not to enable it to support the uterus, but rather that it may support itself, and so have no longer a tendency to drag down the uterus. Of course, if you were not able to obtain the Cutler pessary, or if you should object to it, for any reason, there are various other instruments which might be resorted to with advantage.

Case 5.—Malignant Disease of the Cervix Uteri.

Our last patient to-day is Caroline N., a native of Germany, and forty years of age. She has had three children, but no miscarriages. Her last child was born sixteen years ago, and she has been a widow for eight years.

How long have you been sick, Mrs. N.? "One year." How have you suffered? "I lose too much blood." Are you losing any blood at present? "Yes, I have not ceased to flow for two or three months now." Have you ever lost more blood than you are losing now? "Yes. At one time I was losing so much that I nearly died, and the physician who attended me said it would have killed me in a couple of days more if it had not been stopped." What else do you complain of? "That is all."

Here, gentlemen, you see, is a very short story, but it is also a very graphic one. You see before you an apparently robust German woman, and yet she has had metrorrhagia steadily for nearly three months now, and at one time was losing so much blood that she was in imminent danger of death. It would be impossible for any one to say, definitely, what is the cause of this

uterine hemorrhage, without making a physical exploration, as it might depend upon a dozen different conditions. Of course, therefore, after having the history, I proposed an examination, and I will now show you, upon the blackboard, what I thus discovered. The cervix was in its normal position, but, instead of the ordinary os uteri, there was a great gaping cavity, the surfaces of which felt like a spongy mass. This was very soft and friable, and if a little portion of it were pinched off, quite a gush of blood would immediately follow. So completely was the tissue of the cervix hollowed out, that the finger could be passed up to the *os internum* with the greatest facility.

Having ascertained this condition of affairs, I could make but one diagnosis, and that was malignant disease of the cervix. Its whole tissue is now undergoing a process of necrosis and sloughing, by which means blood vessels are continually becoming exposed, and hence we have this constant metrorrhagia. As to the prognosis, there is no method known to medical science of putting an end to disease of this kind. Even the radical operation of extirpation of the entire uterus, if it could be performed successfully, might not remove it; and there would be scarcely the slightest possible chance of the patient's surviving such a procedure. But while we may not hope to cure this woman, there is no necessity for letting her bleed to death. We can, at least, adopt certain measures that will prolong her life, possibly to a considerable extent, and render her comparatively comfortable. I will mention two operations, therefore, by means of which this may be accomplished.

First, we may make use of Simond's curette, which is something like a salt spoon with a cutting edge. By means of this we can cut directly through the soft mass to the sound tissue beneath, and scrape out all the diseased portion of the organ. By this procedure very copious hemorrhage is always excited, but it never proves fatal, as a point is soon reached by the instrument at which the bleeding ceases.

Not infrequently this operation scoops out nearly the whole uterus, leaving but a mere shell. About six weeks ago I found it necessary to do this in one case, and at last I was afraid to cut any further, for fear of going through into the peritoneum.

Secondly, we can apply the galvano-cautery for the removal of the diseased portion of the uterus. If a sufficient amount of tension is kept up upon the cervix during the operation, a stump, with a concavity somewhat like that which results from the use of Simond's curette, is left. Still, I do not think it really as good as the cutting operation. The latter, however, it must be confessed, is a very bold procedure; and the profuse hemorrhage caused by it is very apt to alarm a novice in performing it. It is an essential part of it that it should be done at once, quickly and thoroughly, and if the operator hesitates in his work the hemorrhage may be allowed to go on until the most serious consequences result. Hence, in inexperienced hands the galvano-cautery is preferable. When this is employed care should be taken that the wire is kept only at a red heat, because it accomplishes the desired end a great

deal more efficiently if this is the case than if it is white hot.

By such operations as these the progress of the disease is often very materially delayed, and sometimes there is no return of it for years. This is as much as we can expect in such cases, for a permanent cure, as I have remarked, is out of the question.

In conclusion, I would say, by way of warning, that I believe the man who operates in any case of cancer of the uterus to be highly culpable, because in many instances the disease has extended far beyond any point which it is possible to reach by any operative procedure, before the patient applies to the physician at all.

MEDICAL SOCIETIES.

MEDICAL SOCIETY OF THE STATE OF NEW YORK.

This Society met at Albany, February 3. The President, Dr. H. D. Didama, was in the chair. About 175 members were present on the first day.

Rev. Albert C. Foster offered prayer, and the President then delivered the inaugural address.

On motion the address was referred to a committee, to consider its recommendations.

After the transaction of some routine business Dr. Geo. T. Stevens, of Albany, read a paper on the "Relation between Imperfect Action of the Ocular Muscles and Functional Nervous Diseases."

On motion, a committee of arrangements to invite medical members of the Legislature to attend the meetings of the Society was designated.

A paper on "Forced Alimentation" was read by Dr. A. Hutchins, and one on "Rectal Alimentation," by Dr. Potter.

Dr. David Webster, of New York, read a paper on "Extracting a Splinter of Wood from the Cornea;" Dr. Buel, on "Removing Bodies from the Eye," and Dr. Gibney, on "Caries of the Ankle Joint."

Papers were read as follows: By Dr. J. W. S. Gourley, of New York, on "Cystorrhagia;" by Dr. C. W. Wey, Elmira, on "Perityphilitis;" Dr. A. H. Vanderveer, of Albany, on "Typhilitis and Perityphilitis;" Dr. D. B. St. John Roosa, of New York, on "Evil Consequences of Neglected Cold in the Head." The latter paper was discussed by Drs. Jacobi, Kneeland and Didama. Dr. Bulkley, of New York, read a paper on "The Management of Infantile Eczema;" discussed by Drs. Jacobi, Moore, Sherman, Piffard, Didama and Bulkley, after which an adjournment was had until half-past seven in the evening.

The principal business of the evening was the reading of the By-laws and proposed amendments, as reported by the Committee on By-laws. Considerable discussion ensued upon the recommendation that the annual dues of permanent members be increased from two to five dollars, which required a call for the ayes and noes, to settle it in the affirmative. The other changes recommended were adopted.

Dr. J. C. Peters read a paper on "Stamping Out Zymotic Diseases."

Dr. H. D. Piffard made some remarks on the medical laws of the State, at the close of which the President appointed Dr. Piffard, Dr. W. C. Wey and Dr. W. H. Bailey a committee to investigate the proposed revised statutes.

On the second day, after some routine business, Dr. Diamond, of Cayuga, presented a number of names for enrollment upon the "roll of honor," which is to include the names of physicians who have rendered some specially valuable service to the cause of science and in the interest of humanity. He also recommended that the names of those who have made useful discoveries in surgery should be included. His motion was carried.

Dr. Jacobi, of New York, offered a resolution providing that the President appoint a committee of five members to cooperate with the Society for the Prevention of Cruelty to Children, pertaining to the physical and moral welfare of infant children. This resolution was offered with special reference to the recent disclosures of mismanagement and cruelty at the Shepherd's Fold, in New York. The resolution was adopted unanimously, and the committee instructed to report at the next meeting of the Society.

Papers were then read by Dr. Charles C. F. Gay, of Buffalo, on "Refracture, for the Cure of Deformity;" by Dr. E. Weir, of New York, on "A New Method of Treating Deformities of the Nose;" and by Dr. Gray, of Utica, on "The Uses of Ingredients in Cases of Insanity."

On motion of Prof. Dalton, a special committee was appointed to act at any time and at their own discretion, upon the question of vivisection.

Among other papers presented were one by Dr. Dalton, of New York, on "Vivisection;" Dr. Moore, of Rochester, on "Colles' Fracture." Dr. Sayre, of New York, gave a practical illustration of the treatment of lateral curvature by self-suspension and the use of plaster-of-Paris vests. Dr. Shrady, of New York, read a paper on "Resection of Humerus;" Dr. Phelps, of Chatauguay, on "Pyæmia;" Dr. Sturgis, of New York, on "Galloping Syphilis;" Dr. Steine, of New York, on "A New Method of Urethral Dilatation;" Dr. Chapman, of Brooklyn, on "Mercurials in Congestion of the Stomach;" Dr. Lewis, of New York, on "Treatment of Cancer;" Dr. Whitbeck, of Rochester, "A Case of Double Ovulation."

After these papers were read and some of them briefly discussed, the Society adjourned to meet in the Assembly chamber of the new Capitol, to listen to the annual address of the President, Dr. H. D. Didama.

He referred to the conquests gained by ovariectomy, and the early opposition to it and to other victories of surgery, and passed on to what remains to be done. He said—

"Much as has been accomplished in the recent past, the medical profession is not compelled to shed bitter tears because there are no new worlds to conquer. There are incentives to the noblest ambition and deepest research, in the abundance of work still remaining undone—still clamoring to be done.

"Phthisis still holds its bad eminence in the mortality tables, killing one-sixth of all who die.

Fatal epidemics are not infrequent. The deadly yellow fever bids annual defiance to the resources of medical skill. One-half the human race continue to die in early infancy and childhood. General paresis, locomotor ataxia, measles, typhus and typhoid fevers and diphtheria continue to claim their victims. And to-day our best medical authorities conserve this class by the axiomatic statement that the various contagious and infectious fevers and other self-limited diseases may be watched and guarded but cannot be cured. Must this remain true? Must our aspirations and hopes and efforts be paralyzed by the dictation of authority—Thus far canst thou go but no further? It is but a brief period since it was held and taught by the illuminate of the profession that Asiatic cholera arose without known cause and spread mysteriously, subject neither to therapeutic restraint nor sanitary law; that smallpox originated from filth and bad air. It is not denied that certain diseases give off specific contagia, which possess the power of indefinite self-multiplication. This power of reproduction pertains not only to dead matter, but to living beings. The doctrine of spontaneous generation is dead. The specific germs of several diseases were described. The germ theory accounts, as no other hypothesis does, for the incubation of eruptive and malarial fevers. It claims that each disease has its special pabulum, so that scarlet fever can consume its peculiar food, once and forever, yet leave an abundance of nutriment suitable for the growth of measles or smallpox. It was shown that constant and long-continued treatment is necessary to eradicate the more obstinate seeds of disease, especially in intermittent diseases.

"A State Board of Health, composed of the most learned, prudent, practical and energetic sanitarians in the land, to whom should be given plenary power, might dissipate prevailing ignorance, rouse the people from their dangerous apathy, and compel the accomplishment of incalculable good. It would be the duty of this board to instruct the laity, and the profession as well, concerning ventilation, drainage, sewerage, foods and drink, pointing out that the germs of many deadly diseases, while never produced by filth, are often transplanted to it, that they breed and flourish in it and are disseminated by it. It should be the further duty of this board to teach that zymotic diseases are preventable and should be abolished, and to impress upon the people that the continuance of these diseases should imply not ignorance alone, but criminal negligence.

"A few zealous specialists oppose and seek to prevent by legislative enactments all experimentation on living animals, however carefully and painlessly conducted the investigation may be, and however wisely designed to advance that science which relieves human suffering and prolongs human life—as if the humblest of us were not of more value than many sparrows."

Speaking of the difficulties laid in the way of advancing science, he referred to the reforms necessary, and encouraged his hearers and fellow-workers to labor with patience and perseverance for the grand results that were inevitable in the future. He suggested a more careful and

practical course of instruction for medical students, and argued the great importance to the future welfare of the people, of the manner in which the rising generation of physicians were trained for their future work. Dwelling upon the future possibilities, he closed by saying: "However anxious I may be that needful reforms should take place speedily, I am not discouraged at the slow progress which fruitful truth makes in permeating the masses of men, for she has 'the eternal years of God' before her; neither am I doubtful of that final triumph of sanitary, medical and religious science, when 'there shall be no more an infant of days, for the child shall die an hundred years old,' and when the hoary head shall always be a crown of glory, because always found in the way of righteousness."

At the close of the address, Dr. J. P. Gray, of Utica, moved that a card of thanks be tendered the President for his able address: seconded by Dr. Kneeland and unanimously adopted.

The evening of the second day was spent pleasantly at a banquet at the Delavan House.

The closing session was held on the 5th.

Papers were read by Dr. James Chapin, of Medina, on "Penetrating Wounds in the Thorax;" Dr. F. C. Curtis, Albany, on "Suggestions Touching Impartiality in Examination of Candidates for Diplomas;" Dr. E. D. Ferguson, Troy, on "Diaphragmated Hernia;" Dr. J. Vedder, Saugerties, on "Hygiene;" Dr. Fox, New York, on "Vascular Nævus;" Dr. A. McLane Hamilton, New York, on "The Lunacy Question;" Dr. E. Harris, New York, on "Domestic Pestilences."

The nominating committee reported the list of officers for the ensuing year, which was read and adopted. The officers are as follows:—

President, Dr. Wm. H. Bailey, of Albany; Vice-president, Dr. Abram Jacobi, of New York; Secretary, Dr. Wm. H. Smith, of Manlius; Treasurer, Dr. Chas. H. Porter, of Albany.

After the appointment of committees, etc., resolutions of thanks to the retiring officers were offered and adopted, and the Society adjourned *sine die*.

NORTHERN MEDICAL SOCIETY OF PHILADELPHIA.

Dr. H. Rihl read a paper upon "Obstinate Hiccup," which see, page 155.

Dr. Updegrave said he was called to see the case, in the absence of Dr. Rihl. It was the first case of the kind he had seen, and he obeyed the summons with mingled feelings of confidence and surprise that a doctor should be called to relieve so trivial a symptom. After trying all the methods and means he could devise at the time, without success, he became as anxious to get away from the case as he had been bold in approaching it. As a last resort, he administered chloroform to profound anæsthesia, and escaped as quickly as possible. He has since learned that the hiccup returned before he gained the street.

Dr. Eskridge said he believed the physiology of hiccup to be pretty well settled. Theoretically, there could be three seats of the pathological

irritation causing this disturbed action. 1st, in the brain; cutting off its regulating power. 2d, in the cervical region of the spine, the centre of reflex action. 3d, in the muscle of the diaphragm itself. He suggested the attempt to diagnose the exact seat of the lesion and then try curare, to allay irritation of the nerve centres; potass. cyanide, for muscular irritation; and ergot, or *cannabis indica*, to contract the vessels of the spinal cord, and thus relieve its congestion.

Dr. Wittig said he classed the disease with the affections of the nerves, and would use anti-phlogistics, to relieve it in the early stage. Later he thought that there exists an exhausted condition similar to that which obtains in chorea, and would then give tonics, as nitrate silver.

Dr. Smith said he recently had a case of persistent hiccup, following a debauch. A spray of ether to the epigastrium brought speedy relief.

Dr. Walker said he would suggest the use of blisters to the neck when the lesion was in the spinal region. He had seen great relief obtained in that way. He also called attention to the fact that amyl nitrite could be administered by the stomach with safety, by which better results might sometimes be obtained than by inhalations.

Dr. Beattes said he had treated one case of obstinate hiccup, which had persisted for three weeks before it came under his care. The patient was anæmic and suffered from neuralgia, palpitations and dyspepsia, with pain and tenderness in the cervical region of the spine. He diagnosed a fatty heart, and attributed the other symptoms to spinal anæmia. He gave digitalis, to quiet the heart's action, and put the patient upon a tonic, consisting essentially of phosphate of iron and strychnia. The hiccup disappeared gradually as the general health improved.

Dr. Oliver had seen one case, while a resident of the Philadelphia Hospital, under Dr. Pepper. The number of spasms was not very great (about 30 per day), but severe, bringing on emesis and its accompanying prostration. The trouble continued four weeks without relief, when the patient was transferred to the ward for nervous diseases, and he lost sight of the case.

Dr. Walker reported a case of fever recently occurring in his practice. There were the usual prodromes of typhoid, and on the sixth day he saw the rose-colored spots, confirming the diagnosis. On the ninth day, however, the fever disappeared, never to return. He believes that this fever does not run a course so regularly as described in the books, neither in length of duration or of range of temperature.

Dr. Eskridge said he should class Dr. Walker's case as one of abortive typhoid of the German authors, which is described as usually ending on the tenth day. In regard to the range of temperature, he recently had a case of hæmoptysis, in which the temperature for a week was exactly that laid down in the books as characteristic of typhoid.

Dr. Smith recently had two cases of abortive typhoid in children. They were well in two weeks. The speedy cure could not be attributed to medicines, for the treatment consisted in little more than regulating the diet.

Dr. Rühl reported a case of abortive typhoid well in ten days. While convalescing, however, the patient took a very long walk, becoming exceedingly tired. The next day the fever re-

turned, and this time ran the usual course of typhoid fever. He thought such a case proved the identity of this abortive form with true typhoid.

EDITORIAL DEPARTMENT.

PERISCOPE.

Curious Case of Urticaria, Yielding to Electricity.

At a late meeting of the Cincinnati Academy of Medicine, Dr. Geo. E. Walton reported a somewhat unique case of urticaria occurring in a woman, forty-seven years of age. The wheals extended over the entire surface of the body, even to the palms of the hands and soles of the feet, and the itching was very intense. While in the recumbent position the eruption disappeared, to again manifest itself when the patient arose. Shortly after retiring at night the itching ceased entirely, but within a few minutes after rising in the morning the eruption again returned. The affection could not be traced to malarial influence nor to any indiscretions in diet. Various plans of treatment were resorted to, but proved futile. After the failure of these the speaker felt inclined to attribute these manifestations to causes dependent upon the patient's period of life. She was just approaching the climacteric, her menses being rather irregular. The disease must then, he thought, be due to some derangement in the circulation of the spinal cord. This was, of course, dependent upon a disordered nervous system. He finally resorted to the use of the constant current of electricity, applying the positive pole to the nape of the neck and the negative over the sacrum. These applications were made twice a day. Even after the first session marked amelioration of the symptoms were observed, and at the end of three or four days a perfect cure was effected. Of the exact nature of this circulatory derangement he was not yet willing to venture an opinion.

Lunar Caustic in the Treatment of Ophthalmia.

Dr. W. A. Macnaughton writes to the *Medical Times and Gazette*: There are certain inflammatory conditions of the eye which, owing perhaps to constitutional causes, are often very perplexing in their treatment. There is, for example, no complaint of its kind more obstinate than the scrofulous ophthalmia of children. In these, and in all cases where the simpler remedies have failed, I would recommend the application of the solid nitrate of silver to the supra-orbital surface as a speedy means of cure. Seeing that the remedy is applied in close proximity to the affected organs, it will be admitted that this is a more rational mode of relieving ocular inflammation than the distant counter-irritation behind the ears recommended in the more obstinate forms of this disease. As a matter of fact, I have observed excellent results in cases where

the irritation and intolerance of light had persisted for months. The mode of application is simple. The caustic point is firmly applied over an inch or so of the previously moistened integument above the affected eye, but when both are concerned, I cauterize a narrow strip across the whole supra-orbital region. This causes a slight smarting sensation at the time, which soon passes away. The stain which results can readily be removed afterward with a strong solution of iodide of potassium. It is advisable, while this treatment is being progressed with, to exclude the light from the eyes by means of a shade.

Mental or Imaginary Hydrophobia.

A writer in the *Dublin Journal of Medical Science* observes that there is no disease in which the influence of the mind over the body is more exemplified than in hydrophobia. There is, as Trousseau has pointed out, a special form of complaint called mental hydrophobia, which is brought on by emotion, on seeing rabid individuals, or on hearing a description of real cases of hydrophobia. This nervous kind of hydrophobia, called also lyssaphobia and hydrophobia imaginaria, may develop itself under the influence of intense mental emotion, or when certain excesses or special conditions induce dysphagia or a disgust for food. Trousseau has known medical men—men of strong minds and of courage—who, although well aware of the conditions needed for the development of hydrophobia, for several months and even years, after having attended persons suffering from hydrophobia and dissected their bodies, were seized with more or less continued dysphagia, on the mere thought and recollection of the scene which they had witnessed. Time alone relieved them of this nervous susceptibility, which manifested itself in the shape of spasm of the pharynx, and they cured themselves of it by appealing to their knowledge of the disease, and by forcing themselves to drink some liquid whenever they felt the sensation coming on. In this mimetic hydrophobia there is only dysphagia, or difficulty in swallowing, and there is no general convulsion, the spasm affecting the pharynx alone, while the breathing goes on with regularity. The sudden invasion of the complaint, generally coming on through the person calling to mind, or hearing the relation of, a case of true hydrophobia, and the duration of the dysphagia over four days without any more urgent symptom appearing, are amply sufficient to characterize the affection, and to enable the patient's medical adviser or friends to persuade him that he is suffering from mere nervous symptoms which will vanish as soon as

he ceases to fear. With appropriate treatment these cases invariably terminate favorably, and are then apt to be regarded as instances of recovery from hydrophobia.

The Value of the Dependent Position of the Head in Operations on the Mouth and Throat.

Professor Thomas Annandale, of Edinburgh, in the *Lancet* of Nov. 8th, 1879, states that eighteen months ago, when removing the greater part of the lower jaw, including its symphysis, he tried the plan of allowing the patient's head to fall over the edge of the table. Although the tongue immediately fell back toward the posterior wall of the pharynx after the attachments of the tongue to the jaw had been freely divided, the man's breathing was perfectly easy—much more so than when the head was raised or lay level with the trunk. Before the patient left the theatre, he demonstrated this fact several times to the students present, and thoroughly convinced them and himself of its correctness.

The experience of this case led him to place the head in the same position in his next operation on the throat (thyrotomy); and since then he has performed many operations in this way on the mouth and throat with complete success, and with great facility as regards the prevention of blood passing into the air passages, the obtaining a good view of the parts, and the carrying out of the necessary manipulations.

Among the operations in which he has used this method, have been a second case of thyrotomy, two cases of tumor of the palate, one case of large epulis, and three cases of cleft palate. In all these operations he has been impressed with the advantages of this position of the head. Complete anæsthesia, by means of chloroform, or a mixture of chloroform and ether, has been kept up without any inconvenience during the whole proceedings.

His present method of keeping the head in this position is to have it hanging over the end of the table and supported there by the hands of an assistant; but he is having a little addition made to his operating table, which will allow the head to be supported in this position more efficiently.

Paradization in Cases of Chronic Alcoholism.

W. J. H. Lush, M.D., F.R.C.P., F.L.S., in the *Lancet*, Nov. 29th, 1879, states that for some time past he has had many opportunities of testing the efficacy of the application of electricity in the treatment of chronic alcoholism, both in cases met with in the ordinary course of private practice, and also on patients placed specially under his charge, and over whom he consequently had more complete control; and in suitable cases he is confident that it is an agent of very great value.

The cases in which he has found it most useful are those in which drowsiness, a shattered nervous system, constant vomiting, and a great want of bodily and mental power are the marked symptoms. The use of galvanism was, of course, combined with other hygienic and medicinal remedial measures. He hopes shortly

to publish particulars of several cases which have derived marked and permanent benefit from the use of galvanism, and in the meantime he should be glad if others who have tried this method of treatment, or who have had opportunities of forming an opinion as to its results, would place their experience on record or communicate with him personally. He has been in the habit of using a moderately strong, constant current battery, and in applying the current he has not paid particular attention to Ziemssen's points, although in future cases he is inclined to think it would be better to do so.

Practical Notes on the Treatment of Phthisis.

Reginald G. Alexander, M.A., M.B., Senior Physician to the Bradford Infirmary, in an article published in the *Lancet*, Nov. 22d, 1879, judiciously points out that in the treatment of phthisis our great aim must be to improve nutrition by improving the general health. The diet must be as nourishing as the patient's weak digestive power will allow. The food is to be thoroughly masticated and insalivated (not washed down with tea and hurtful diluents). The air of bedrooms and sitting rooms must be kept pure, and as little gas used as possible. The function of the skin stimulated by an occasional Turkish bath, and also by the daily use of sponging with salt and water. Sea salt may be given to hospital patients, to encourage cleanliness. If the skin can relieve the imperfectly acting lungs, how necessary to increase its function. These are some of the measures which benefit the dyspepsia of phthisis, one of the earliest premonitory symptoms, and one of the most obstinate. Medicine plays an important but secondary part in this disease. Our object being to improve digestion and nutrition, nauseating drugs—opium, squill, ipecacuanha—must be seldom used. The early dyspepsia is best treated by salines, with strychnia, followed by acids, such as phosphoric acid and quinine. As a rule, acids agree best, for although there is excess of acidity in the stomach, it has been shown that it can be checked by the use of acids given before meals, an explanation of their undoubted benefit in phthisis. Cod-liver oil, cream, cod-liver oil jelly, pancreatic emulsion, suet dissolved in milk, are all beneficial; but small doses should be given at first, directly after meals. The hypophosphites of lime and soda give good results in some advanced forms of unilateral phthisis. Much has been done to improve the hygiene of all classes, but much remains to be done, and these preventive measures alone can help us to stamp out a disease so hereditary in its nature. Animals confined in menageries and zoological gardens die phthisical from lack of air and light, and we are painfully struck with the unhealthy state of the workshops of our large towns. Some are cellars, damp, dark and cheerless, killing by inches the occupants; cottages, and even better houses, with unopening windows. This is a subject of great scope and importance for medical officers of health to take up who have already done so much toward stamping out zymotic disease and

checking the spread of typhoid fever, etc., throughout the country. Such treatment, as briefly sketched, is the only one suitable for early phthisis, and even in advanced cases we must not despair. By perseverance in the right way, even when the lungs are very seriously injured, the tubercle may become absorbed or "cornified," and rendered inert; and our post-mortem rooms often exhibit lungs with a cicatrix at their apices, clearly indicating that a curative process has taken place, even in the last stage of the disease.

The Treatment of Lupus by Linear Incisions.

From a letter to the *Medical Press and Circular*, dated Paris, December 8th, 1879, we learn, that at the meeting of the Académie de Médecine, held during the previous week, Dr. Vidal read a paper on "The Treatment of Lupus by Linear Incisions." Having operated on 120 patients since 1875, M. Vidal has been able to study the effects of scarification, in every variety of lupus and in all its stages. In detailing his researches, he mentioned the names of several medical men who adopted this new mode of treatment in a more or less modified form, among whom was Dr. Balmanno Squire, of London, who after making the incisions used a solution of chloride of zinc as a caustic. M. Vidal gives the preference to simple parallel incisions, and made as near to each other as possible. The loss of blood is trifling. After five or six scarifications, which can be made at an interval of six or eight days, there is an appearance of a cure. But through the cicatrix may be seen certain white points, which are minute tubercles, which must be destroyed by passing the needle through the cicatrix. This is the most tedious part of the treatment, and must be continued until all vestiges of the disease have disappeared. M. Vidal closed with the following conclusions:—1st. The treatment of lupus by scarification is a less painful and the surest mode to prevent a return of the disease. 2d. It is applicable to every form of lupus, ulcerating or non-ulcerating.

Symptoms of Chronic Arsenical Poisoning.

Mr. H. Carr, in a recent pamphlet, mentions the following symptoms, illustrating the effects common to the use of arsenical wall papers and cosmetics:—

The symptoms of chronic poisoning by arsenic begin with what appears to be an ordinary cold and cough, dryness and irritation of the throat, and frequent headache; extreme restlessness; great debility, accompanied by cold, clammy sweats; cramps of the legs; convulsive twitchings; and a group of nervous symptoms, varying in each case. Inflammation or irritation and smarting of the eyes and nostrils is often the most marked symptom, lasting for days, weeks, or months, sometimes accompanied by irritation of the whole mucous tract, short, dry cough, sore throat, running on to diphtheritic throat; ulceration and soreness of the mouth and tongue; irritative fever, which, if persistent, exhausts the patient, and death takes place by

collapse, coma, or convulsions. Among the symptoms there has been occasionally irritation of the skin, accompanied with eruptions.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—Godey's *Lady's Book*, for February, maintains the well known character for popularity of that magazine. The fashion articles give the latest styles, and the literary matter is always pleasant reading.

—One hundred and seventy-six new books, and fifty-seven new editions, on medicine, surgery, and the allied sciences, including pharmacy, appeared in England during 1878. During 1879 the new books numbered 186, and the new editions 53.

—Dr. H. Gibbons, Sr., in a paper read before the San Francisco County Medical Society, and separately published, has entered a vigorous protest against "meddlesome midwifery." The ignorant or violent use of the forceps is the principal point which he condemns.

—*The Naturalists' Quarterly* is the title of a neat little journal, published by the Naturalists' Bureau, Salem, Mass., at the low price of 50 cts. per year. The first number contains, besides several interesting articles, a catalogue of works on natural history.

—In a reprint from the *St. Louis Medical and Surgical Journal*, November, 1879, David Prince, M.D., of Jacksonville, Ill., reports a case of partial forward dislocation of the head of the humerus, or backward displacement of the tendon of the long head of the biceps flexor cubiti, replaced after the lapse of one month.

—Balmanno Squire, M.B., Surgeon to the British Hospital for Diseases of the Skin, in the fourth edition of his essay on *Port-wine Mark and its Obliteration without a Scar*, states that he has effected a considerable improvement on the method first advocated, and that he has now succeeded in reducing the necessary duration of treatment very considerably.

—A brief history of the "metric campaign of 1879" has been forwarded us by the Boston Metric Bureau. Like many other histories, it records only the victories, not the defeats, of its side; it mentions its friends, but leaves its enemies in oblivion. From the standpoint whence we surveyed the field in 1879, the metric system seemed to receive several hard knocks, from which it has not yet altogether come to time.

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MEDICAL CHARITY AND ITS ABUSES.

Recently we printed, with some incredulity, the extraordinary statement that about one-fifth of the inhabitants of this city apply, more or less, for gratuitous medical aid. Although we still think this figure is excessive, further attention to the subject convinces us that it is not excessively out of the way; that, at any rate, considerably more than one-tenth of the population frequent, more or less, the numerous hospitals, clinics, dispensaries, homes, asylums, etc. It should be remembered that Philadelphia is an unusually well-to-do city; its lower classes are singularly free from physical wretchedness and abject poverty. It is in but few localities overcrowded, and rarely needs an honest and willing man or woman lack for the necessaries of life.

The question arises whether the gratuitous medical services given so freely are an advantage to the community? There are some political economists who maintain that in the ideal state the profession of medicine should be maintained by the government, and all the inhabitants have

medical attendance and drugs free. Such is the condition in armies, on board ships, etc., and also on the island of Malta, and in certain limited localities elsewhere. These writers say that it is the interest of the physician to have people sick, otherwise he has no business; while it is to the interest of the commonwealth to have its members well. Hence the short and simple way to reconcile these conflicting interests is for the State, and not the patients, to pay the physician. The fewer sick he then has to look after, the more abundant will be his leisure, without diminishing his income.

To this theory the general objections may be urged which are at hand against all paternal government. It has repeatedly been found that the free development of the individual, without needless restraint and without officious assistance, is most consonant with national prosperity, and is, therefore, the true aim of government. The conflict referred to will largely adjust itself by the greater fame of the physician who heals promptly; his loss in visits to one patient will be more than counterbalanced by the advent of half a dozen others attracted by the reputation he attains. Moreover, it may be said to be well proved that the only real way to help people is to put them in the way to, and, in fact, make them, help themselves.

This is eminently true of medical aid. What people do not pay for, either in labor or in money, they do not prize; they value it at about what it costs them, and that is at nothing. The doctor who gives advice gratis is supposed to do so because he cannot get a chance to dispose of it at any higher price. He is eyed with suspicion, or esteemed of small account. Naturally enough, no great amount of gratitude is shown him.

Last summer, an old physician, in a letter in the *Canada Lancet*, written to a young practitioner who had addressed him about a no-pay patient, expressed the result of his experience in the following terms:—

"Having, in a long time of practice, both from choice and necessity, done a good deal of gratuitous service, amounting to thousands of dollars, I have yet to find a single case where my charity work was appreciated. Those who pay nothing

always offset it by liberal abuse, which keeps away those who would pay.

"The man you write about may be a very worthy man; but if you were making a struggle to build a house, would he or any one else work for you at reduced rates? It is the doctors themselves, who allow their kind feelings to over-run their judgment, that are responsible for the wholesale robbery to which every doctor in the land is subjected. We deal with the afflicted; so does the undertaker; yet he is not expected to work for nothing.

"The people who pay are always grateful; the people who do not are, like other dead-heads, abusive, and always the most exacting and querulous."

This is the general experience of the profession, we do not doubt. To be sure, no one should do a good act with expectation of gratitude for it. That were a selfish motive. But the absence of gratitude for favors shown is a bad trait in a man's character, and it were better for him that he should not have the favor than to receive it and be ungrateful for it.

It is obvious that those who can pay, but who, nevertheless, frequent clinics and dispensaries in order to get medicines and medical attendance for nothing, do a doubly unjust act: they take from the really poor what has been, by charity, provided for them; and they filch, as it were, from the physician, the advice and labor which are his stock in trade, and which he has acquired only at great expense of time, toil and money. There is no excuse for such action, and we can only believe that many do it without considering its real bearings.

It is disagreeable for a physician to a charity to cross-examine, and suspect and watch the sick who appeal to him, to see if they are not unworthy. But there seems no escape from this unpleasant duty. It apparently will have to be held as part of what the tasks of his vocation impose upon him.

Experience seems to teach that charity is at its best when it has nothing to do with sentiment. This doctrine is harsh, but so is most truth. It is better to make all patients pay who can, not for the sake of getting their money, but as a part of their moral education. Such a course benefits the profession more than indiscriminate charity, and it is yet more beneficial to the public at large.

NOTES AND COMMENTS.

Therapeutical Notes.

SLIPPERY ELM SUPPOSITORIES IN PILES.

These are recommended in the *Medical Herald*, by Dr. E. J. Kempff. He observes that suppositories made of powdered slippery-elm bark and warm water (sufficient of the latter to make a sticky mass), medicated with fluid extract of belladonna or ergot, recommend themselves in rectal diseases and for piles, enlargement of the prostate gland or uterine fibroids. They become slimy, dissolve gradually, and medicate very slowly.

LINIMENT FOR NEURALGIA AND OTHER PAINFUL AFFECTIONS.

R.	Chloral hydratis,	3j
	Gum. camphoræ,	3 iss
	Chloroformi,	3vj
	Tr. aconiti,	3ij
	Olei menthæ pip.,	3iij

Sig.—Rub the affected part well, as often as necessary.

The above is highly recommended by Dr. J. Curnat of Indiana.

SULPHUROUS ACID IN DIPHTHERIA.

Dr. W. W. Carpenter, of California, in the *Medical Herald*, January, states that in diphtheria his treatment is—

R.	Acidi sulphurosi,	
	Aquæ puræ,	aa 3j
	Glycerinæ,	3vj. M.

Sig.—From one-half teaspoonful to a dessert-spoonful, according to age, every half hour.

Seldom is anything beside this required. But if the case is very malignant, the acid can be combined with sulphur, or a saturated solution of potassæ chloras can take the place of the water in the above formula.

BENZOATE OF SODA IN ULCERATIONS.

In scrofulous and syphilitic ulcerations Schüller and Berkart have derived decided benefit from the internal use of benzoate of soda (*Medical Press and Circular*, December, 1879.) The latter recommends it in the following formula:—

R.	Sodii benzoatis,	3 ss
	Tr. cardam. comp.,	3 ss
	Aq. menth. pip.,	ad 3j. M.

For one dose, to be taken twice daily.

The latter thinks it is valuable in many forms of constitutional syphilis.

ATTACKS OF SNEEZING.

According to Mr. S. M. Bradley, a well known English surgeon, persons liable to attacks of sneezing on exposure to changes of temperature can instantly check the tendency by plugging the nostrils with cotton wool.

A Form of "Land Scurvy."

In the last (February) number of the *New Orleans Medical and Surgical Journal*, a correspondent in Louisiana describes an affection which strongly resembles what is known in Germany as "land scurvy." He states that the part disordered is the gums, which are of a dark red, have a tendency to bleed easily, cleave from the teeth, making them look unnaturally long; the breath is disagreeable, and the patient does not seem to suffer much inconvenience from it, except at times, when the disease seems to be particularly increased. The patients drink, smoke, chew tobacco, etc., and eat, as others do. There is no unusual salivation, but when they bleed it seems to be from a surface, not from any crack or fissure. The parties are not of syphilitic character. It goes locally under the name of "scurvy," and is very difficult to cure. He says he has never cured a case yet, although he has tried acids, neutral salts, astringents, locally, together with iodide of potash internally.

We have seen such cases occasionally in the Northern States, but have found them to yield readily to chlorate of potash and citric acid, with a varied diet and improved sanitary surroundings.

Jaborandi in Dropsy.

The *Boston Medical and Surgical Journal*, January 15th, 1880, contains a report by Dr. F. H. Cilley, of Barnet, Vt., of the following interesting case:—

Mrs. H., aged fifty-five, who had had dropsy during the last five years, with valvular disease of the heart, on June 18th had severe dyspnoea; she had passed no urine for twenty-four hours, and had general anasarca. Half-drachm doses of the fluid extract of jaborandi were given every four hours. Its effect was manifested in half an hour; within eighteen hours she passed sixteen pints of urine; also profuse perspiration and salivation were induced. The dyspnoea was at once relieved. A second attack was relieved by the same treatment. The patient has had tonics during the last four months, and is now in good condition.

The Question of Performing Surgical Operations During Pregnancy.

W. Cadge, F.R.C.S., Senior Surgeon to the Norfolk and Norwich Hospital, in the *Lancet*, reports a case of recurrent tumor of the breast, for which it became necessary to operate no less than thirteen times, during a period extending

from April 18th, 1874 to December 20th, 1875. She was confined on the 21st of September, 1875, and several of these operations were performed in the latter months of utero-gestation, and one very severe one in the early stage of labor itself, and in every instance without, on the one hand, interfering with the important process of gestation, and on the other, without impeding the recovery from the operation itself. As Sir James Paget pithily says: "It would be mere recklessness to operate on such patients, without good cause, yet if good cause for operating exists, they may be treated very hopefully." The patient died in the early part of 1876, from exhaustion.

A Novel Aid to the Diagnosis of Intemperance.

Dr. J. Wilkie Burman, in a letter to the *British Medical Journal*, suggests that in cases in which there may be doubt as regards the diagnosis of intemperance, the patient's watch should be examined with a view to ascertain whether the key-hole face be free from scratches. This should be done in such a manner as not to rouse the suspicion of a patient unwilling to admit alcoholic excess. He further states that he has verified, to a certain extent, the results that he should expect by such means of diagnosis, by the examination of a number of watches of teetotallers and notably temperate men, the key-hole faces of whose watches he found to be smooth and unscarred, while among a number of watches examined belonging to those of suspected or notorious habits with regard to alcohol in excess, he found more or less scarring and scratching of the key-hole face.

The Causes and Diagnostic Value of Lateral Movements of the Knee Joint.

Dr. R. Moutard-Martin, in *Revue Mensuelle de Médecine et de Chirurgie*, October 10th, 1879, contributes a clinical and experimental study on the lateral movements of the knee joint, especially with reference to the causes and value of this sign in the case of white swelling. His conclusions are—1, lateral mobility points to ligamentous or cartilaginous lesions; 2, when the lesion is ligamentous there is at least destruction of the crucial ligaments and of one lateral ligament; 3, when the lesion is cartilaginous there is at least diminution in thickness of the encrusting cartilages (which may proceed to their disappearance); 4, mostly both kinds of lesion co-exist in cases of white swelling; 5, hence the prognosis is always grave; 6, treatment in the case of white swelling should consist in seeking

for ankylosis, by all possible means, before having recourse to amputation.

The Inhalation of Hydrofluoric Acid in the Treatment of Diphtheria.

The Medical Press and Circular of December 31st, 1879, informs us that Mr. Henry Bergeron has obtained very favorable results from inhalations of an atmosphere containing a definite small proportion of hydrofluoric acid gas. The quantity employed is one gram for each cubic metre (1.3 cubic yards) of air space in the room during three hours. The gas is generated by allowing the proper amount of acid slowly to evaporate from a vessel (of lead) placed on a table a short distance from the bed of the patient.

CORRESPONDENCE.

The Use of Blisters in the Treatment of Pneumonia.

ED. MED. AND SURG. REPORTER:—

In the issue of this journal of the 17th of January a reader requests, and the editor invites, under *Queries and Replies*, the expression of opinion upon the use of blisters in the treatment of pneumonia. As this is a question of some importance, and one which has interested the writer much for some years, it may not be out of place to present, in a brief way, a few thoughts upon it.

Pneumonia is a disease in which the value of a remedy, or, indeed, a whole plan of treatment, cannot be measured by the percentage of recoveries, because in a large proportion of cases health would be regained without medicinal treatment. It is doubtful, indeed, if there are many cases of uncomplicated pneumonia, in ordinarily healthy persons, that will not get well with good nursing alone. The influence of our medicinal agents must then be determined by the extent to which they palliate suffering and shorten the duration of the disease.

Blisters, like all forms of counter-irritation, primarily stimulate the nervous, particularly the vaso-motor centres, and if their action is long continued irritate and depress them. This is most commonly illustrated by the vesication of burns, which in all its characters resembles very closely that of cantharides. The injury, if not so extensive as to produce perceptible shock, gives rise immediately to increased power and frequency of the pulse, and elevation of the temperature. After these conditions continue for some time, with the accompanying pain, the force and fullness of the pulse diminishes, while its frequency may remain unchanged or increase, indicating depression of vital power. The duration and intensity of these opposite stages vary, of course, with the extent of surface vesicated. If the surface be small and the action of the blistering material not long sustained, the stage of depression may not follow, or, at most, not become perceptible. These

conditions correspond strikingly with the systemic symptoms of pneumonia. We may be reminded in this connection also, that superficial burns of the trunk, especially of the chest, when large, are often quickly followed by inflammation of the lungs. The prominent symptoms of the first stage of the disease, referable to the nervous system, are pain, a full, strong and frequent pulse, and elevation of temperature—precisely what follows the application of a large blister. It would seem, then, from a physiological point of view, that blisters cannot be of service in the early part of the disease; and clinical experience confirms it in the observation of the fact that they increase the fever and general excitement of the nervous system. Whether they relieve the inflammation in the lung, simultaneously with their bad effects on the system, by a derivative action, as some think, is doubtful. Upon physiological grounds this theory is utterly untenable, because there is no direct vascular connection between the external surface and the lungs, and the amount of blood diverted and the serum discharged by the blisters could not sufficiently affect the fullness of the blood-vessel system to deplete the inflamed organ. Nor is it likely that they could in this stage affect the seat of the disease advantageously through the medium of the nervous system, since their effect would be, as already mentioned, to increase the excitement of the nervous and vascular systems, and so still further augment the paresis of the blood vessels of the part. If it were possible to obtain the secondary effect of extensive vesication without the primary pain and stimulation, it might possibly be of advantage in this stage.

After the first stage, when the fever begins to abate and the excitement of the cerebro-spinal nerves system subsides, and the force of the circulation diminishes, depressants are no longer needed. It seems clear, then, that the depressing or secondary effects of large and deep blisters cannot be utilized in any stage of the disease, and that their stimulant action can be of service only after the first stage; and, further, that they should then be used in such a way as to produce this action only. This, then, would restrict the use of them to small surfaces or quite superficial vesication; used in this manner they are of threefold advantage: they palliate cough, relieve pain, and hasten the absorption of the effused material at the seat of inflammation. In the experience of the writer, they have answered these purposes best when applied over a moderately large surface, allowed to act only very superficially, quickly healed, and frequently reapplied in other and contiguous places.

For aiding in the removal of the products of inflammation, they are probably the best form of counter-irritation, as also for the relief of pain in protracted cases. To lessen the cough, mustard plasters are equally serviceable, and in some cases better. They possess an advantage in being more easily managed. For this purpose they should be large, and applied only until rubefaction of the skin is produced, but frequently repeated—once or twice daily. Applied in this way, mustard affords marked relief also to cough in subacute and the later stage of acute bronchitis.

The writer recently treated a gentleman from the country, for a cough which he had contracted a month previously, and for which he had taken medicine without benefit. He was ordered to take a cough mixture which contained no opium or other narcotic, and to apply a large mustard plaster to the front and back of the chest alternately, every second day. At the end of about a week he reported that the plasters did very much good, and that the cough was always much easier for some hours after the use of one. He then applied them daily, with increased benefit. In the treatment of all forms of cough unaccompanied with fever, they are an important adjuvant, especially in persons who do not bear opiates well. But in the beginning of inflammatory diseases of the air passages the writer has never derived any benefit from them, unless used in connection with warm baths and diaphoretics, and then the good effect was, in all probability, due to these.

In pneumonia, they are preferable to blisters, in young children and aged persons, and those who are constitutionally weak.

The conclusion, then, is, that blisters are serviceable only during the decline of the disease: that their best effects are obtained by light and frequently repeated action; and that they should not be used in preference to milder forms of counter-irritation, in the cases of persons with lowered vitality.

D. B. D. BEAVER, M.D.

Reading, Pa.

ED. MED. AND SURG. REPORTER:—

Just a few words in reply to Dr. Stewart's views, expressed in his answer to Dr. J. W. F.'s queries on blistering in pneumonia.

Dr. Stewart states that "the only benefit to be derived from blistering in pneumonia is in its action as a derivative, which can be obtained only in the stage of congestion." And this now prevails largely among the profession, to which fact is to be attributed, in a great measure, the unmerited neglect into which this agent, as a remedy in pneumonia, has of late years fallen. Did my experience corroborate Dr. Stewart's statement, I would heartily endorse his advice not to resort to it at all, for I honestly doubt whether any good is ever obtained from its derivative effects in this disease. My experience with the agent has been encouraging, and I regard it as highly valuable when judiciously employed. I take it that it is contraindicated in the congestive stage of the disease, and should be resorted to only in the latter stages, in order to procure, not its derivative, but its stimulating, action. When, after a fair trial of the ordinary treatment, the lung continues engorged and solidified, pulse feeble, asthenia and apnoea increasing, in short, the condition of the patient growing worse, the plain and pressing indication is to stimulate the absorbents and then disburden the lung of the exudation which is clogging the vesicles and jeopardizing the life of the patient. Under these circumstances, I know of no better and more satisfactory way of meeting the indication than by applying a blister to the thorax.

I am aware that I am going counter to the expressed views and plain teachings of the majority

of practitioners of the present day, but these are convictions which have sprung from frequently repeated personal observations.

C. SAMS, M.D.

Waco, Texas, February 6th, 1880.

Belladonna in Diseases of the Intestines.

ED. MED. AND SURG. REPORTER:—

Having for a number of years used belladonna in constipation and obstructions of the bowels, from hardened feces in the rectum and colon, it was with pleasure that I read the clinical lecture of the distinguished teacher, Prof. DaCosta, which appeared in the REPORTER for January 24, of the present year, in which the use of this valuable agent in torpid conditions of the bowels is advocated, and cases given which prove its efficiency. He gives it in the form of fluid extract, with comp. tinct. cinchona, preceded at night by a tablespoonful of sweet oil, to aid in softening the fecal mass. I read of its use several years ago, in "Braithwaite's Retrospect," and in that article sulphate of atropia was used in constipation, and good results followed. I soon after commenced to use the solid extract in place of the atropia, and used in connection with it small doses of epsom salts: teaspoonful in the morning, after the belladonna had been taken at night. Soon after I began the use of the pills, one-half grain, and have used them ever since. The use of this medicine obviates entirely the use of active and violent cathartics. The course I now pursue with those cases where the bowels have not been unloaded for some days, and where constipation has preceded for a long time, is to order them a half-grain pill of belladonna once in four hours, for one day. After two or three pills have been taken, I order one teaspoonful of epsom salts once in eight hours. I do not give any other medicine to act on the bowels. After the first day I give the pills once in eight hours, alternated with the salts. The pain is relieved in a short time, and in twenty-four or forty-eight hours the patient will have a motion of soft and liquid feces, followed in a few hours by more. At the end of a week, and sometimes sooner, the passages will consist of hard, scybalous masses from the colon, and the amount will be enormous, and bring great relief to the system. After this has been accomplished, generally, one pill given at bedtime will procure a good motion in the morning; if it should not, a small teaspoonful of salts will, given before eating.

My patients will get uneasy when one or two days have gone by and no action from the medicine; it has required a good deal of urging in some cases to keep them using the remedies, instead of using some active cathartic. I have never failed in getting the bowels unloaded when this course has been pursued.

I had a case of peritonitis come under my care, in which the colon was full, from the cæcum to the rectum, as it could be felt in its entire length through the abdominal walls. He was in great pain, vomiting whatever was given him, and was growing worse very fast when I was called. I gave him some powders of morphia, soda and bismuth, to allay the irritability of the stomach,

and then commenced the use of the belladonna pills (half-grain), every four hours. The vomiting ceased after the administration of the first pill, and in less than thirty-six hours the bowels were moved in small quantity. The medicine was given at longer intervals for more than one week. At one passage he passed a chamber nearly full of hard, scybalous masses, which were dry, and so large that it required a great effort to void it. It was simply enormous, and the patient said—to use his own words, “he thought he would never get through.” He had been dosed before I saw him, with blue mass, salts, and castor oil, but none of them could be retained.

I have used it in many instances, and found it to be the best remedy I can find for such cases. In the typhoid fever which I meet in this part of the country I find it the remedy *par excellence*, and patients will bear it in doses of fifteen drops of the tincture once in four hours, for weeks, with but little if any interruption, with *decided modifying effects* of the disease upon the abdominal region. I have not had a case of hemorrhage from the bowels, when I have used belladonna. Cases have been under the care of other practitioners in my vicinity, and they have died of hemorrhages from the bowels, but in none of them had the belladonna been given.

I have put these few thoughts together in the hope they may serve to call attention to this wonderful agent in the treatment of intestinal affections.

H. N. BURR, M.D.

Walworth, N. Y., Jan. 23, 1880.

NEWS AND MISCELLANY.

The New “Folding Dentaphone.”

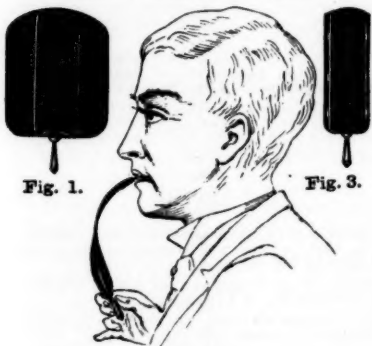


Fig. 1 represents the Dentaphone as it appears when used as a fan; in Fig. 2 it is seen in position against the teeth of the deaf person using it; and Fig. 3 shows it folded up to be inserted in the pocket, or otherwise carried when not in use.

This new instrument, shown us by Dr. Charles S. Turnbull, is the latest made by the American Dentaphone Company, of Cincinnati, O., and is without doubt the best known form of apparatus for conducting sounds to the auditory nerves, in the same manner and upon the same principle as the “audiphone” and the “watch dentaphone,”

which this journal described in its last issue. It has several advantages over previously described instruments. It is portable, can be conveniently carried in the pocket, and is a much more sensitive diaphragm than others heretofore used; hence, by it sounds are much more distinctly transmitted.

Death of General Washington.

The certificate of Drs. Craik and Dick, the physicians who attended George Washington at the time of his death, has just been unearthed, from a Georgetown newspaper of 1799. It does not appear in any of the biographies of Washington. The certificate concludes thus: “He was fully impressed at the beginning of his complaint, as well as through every succeeding stage of it, that its conclusion would be mortal; submitting to the several exertions made for his recovery rather as a duty than from any expectations of their efficacy. He considered the operations of death upon his system as coeval with the disease; and several hours before his decease, after repeated efforts to be understood, succeeded in expressing a desire that he might be permitted to die without interruption. During the short period of his illness he economized his time in the arrangement of such few concerns as required his attention with the utmost serenity, and anticipated his approaching dissolution with every demonstration of that equanimity for which his whole life has been so uniformly and singularly conspicuous.”

Are Naval Surgeons Serfs of the Naval Secretary?

Because Medical Director Gunnell opposed the confirmation of Dr. Wales as Chief of Bureau of Medicine and Surgery, Secretary Thompson banished him to Asiatic waters, as fleet surgeon, instead of as medical director of the fleet, the effect being to deprive him, for the time being, of his grade, and to place him, as he puts it, in his respectful protest, “after thirty years of honorable service, again in the ward room with young officers who were not born when he began his naval life.” The worst part of the business, so far as the Secretary is concerned, was that he informed Dr. Gunnell, in so many words, that if he would write to him, saying that, “in thought, word or deed,” he had not objected to the confirmation, the orders to sea would be revoked. If such abject subservience is the condition of favor with the Naval Department, things have come to a pretty pass indeed. We have every respect for Dr. Wales, and think his appointment a good one; but if he respects himself and his corps, he will use every exertion to prevent such an outrage, even if the subject of it is one of his opponents. We call on him to do so.

Items.

—There has been quite an epidemic of measles in New York city. The last week in January footed up 330 cases, with the very heavy mortality of 33 deaths.

—During next month the Board of Managers of the Philadelphia Home for Incurables will break ground for the new building to be erected

at Forty-eighth street and Darby road. This action for increased accommodations is owing to urgent necessities. Donations to the building fund are earnestly solicited from the friends of the institution, as the building must be ready for occupancy by the first of October next.

—The terrible case of Mr. Broadbent, of Middletown, N. Y., who vomited up strange-looking animals, supposed hydatids, has been going the rounds of the daily papers. So much interest has been taken in his case, that the physicians of the place, in compliance with a request made by the deceased some days before he expired, held an autopsy. Their examination developed the fact that the man died of consumption, and that the substances which he vomited were nothing more or less than the "membranous casts of the bronchial tubes." He also had an abscess of the right lung. So ends a nine days' wonder.

Personal

—Dr. D. S. Hatfield, has removed from Kalamazoo to Marcellus, Mich.

OBITUARY NOTICES.

—Dr. Joshua T. Owen, a prominent physician of Chester Pa., died last week.

—Dr. Wm. Budd, of Bristol, England, died last month. He was well known for his studies on typhoid fever, cholera and contagion.

—Dr. E. C. Seaton, the author of the well known "Handbook on Vaccination," and other works, died in London, January 26th.

—Dr. William S. Chiple, Superintendent of the Cincinnati Sanitarium, at College Hill, Ohio, died February 5th, aged 70 years.

—Professor Henry M. Bullitt, a well known physician of the West, who graduated at the University of Pennsylvania in 1838, died in Louisville, on Thursday, February 5th.

—Dr. George B. Bishop, of Titusville, Pa., died on the 18th of January. He enjoyed a large practice, and was highly esteemed in that community.

—Dr. John Neill, one of the best known surgeons of this city, died last week, of Bright's disease, in the 61st year of his age. He held many positions, among others that of Professor of Surgery in the able faculty of the old Pennsylvania College, and while serving there, he published several standard works on anatomy, and with Dr. F. G. Smith, the well known "Neill and Smith's Compendium." At the breaking out of the war he was appointed surgeon in charge of military hospitals in Philadelphia, and organized the first eight general hospitals of the city. In 1862 he was commissioned surgeon of United States Volunteers while on duty at the Broad and Cherry streets hospital, and in the succeeding year he was appointed medical director of the forces from Pennsylvania. In 1874 Dr. Neill was appointed Professor of Clinical Surgery in the University of Pennsylvania, a position which he resigned in 1877, though he retained an honorary connection with the University and with its hospital staff.

QUERIES AND REPLIES.

—Dr. E. A. F., of Ohio, referring to the use of the inner bark of the pine tree in chronic diarrhoea, as recommended by Dr. Whitehill (REPORTER, Sept. 16, 1879), asks what species of pine is used. It is the *pinus alba*.

—Dr. J. A. B., of Pa., asks.—1. For suggestions in a case of spermatorrhea brought on by masturbation (We have, ourselves, found the introduction of the cold sound far more efficacious than any drug). 2. The physician's Pocket Record, published at the office of this journal, gives a full explanation of the metric system.

—Morpheus.—On the subject of the medical history of the United States, we know no better authority than Dr. Toner, of Washington city.

MARRIAGES.

CLARKE—BANNING.—In New York, on January 12th, by the Rev. James Marshall, Gilbert L. Clarke, M.D., of Centreville, Pa., and Caroline L., daughter of E. P. Banning, M.D., of New York.

DENNIS—CARHART.—On Thursday evening, Feb. 5th, at No. 4 Montague Terrace, Brooklyn, by the Rev. R. S. Storrs, Dr. Frederick S. Dennis, of New York, and Fannie Rockwell, daughter of the late James S. Rockwell.

DOWNES—CONNER.—On the 12th inst., in Wesley Hall, 1013 Arch street, Philadelphia, by the Rev. J. B. McCullough, Dr. Bennett Downes and Miss Hannah B. Conner, both of Magnolia, Delaware.

MURRAY—KIRBY.—On January 19th, 1880, at the residence of the bride's parents, by the Rev. William Greenough, F. Marion Murray, M.D., of Lennal, Delaware county, and Miss Amanda B. Kirby, of Philadelphia.

ROGERS—BRENNAN.—At the Church of St. Francis Xavier, New York, on Wednesday, Feb. 4th, by the Rev. Father McCallain, uncle, assisted by the Revs. Charles and William Rogers, brothers of the groom, Frank J. Rogers, M.D., of Stamford, Conn., and Maggie, daughter of Owen W. Brennan, of New York.

SCHUYLER—DIX.—At Trinity Chapel, New York, by the Rev. Morgan Dix, D.D., on Thursday, January 29th 1880, Francesca, daughter of the late Col. Roger S. Dix, U.S.A., and William D. Schuyler, M.D., of this city.

WENTZ—ROOP.—On January 7th, by Rev. Calvin W. Stewart, D.D., Thomas W. Wentz, M.D., and Annie Roop, all of Coleraine, Lancaster County, Pa.

WILLIAMSON—WOODWARD.—In this city, on February 5th, 1880, by the Rev. Wm. Suddards, Matthew S. Williamson, M.D., and Mary B., daughter of the late Joseph Woodward.

DEATHS.

BROWN.—At his late residence, Brooklyn, on January 26, 1880, Dr. Amos H. Brown, formerly of Zanesville, Ohio, in his 75th year.

CONE.—At Great Barrington, Mass., Feb. 1st, 1881, John A. Cone, Jr., M.D., aged 29 years.

LEE.—On the 8th inst., Elizabeth, wife of Dr. Wm. K. Lee, aged 68 years.

LEVY.—Suddenly, at Orange, N. J., on February 5, Margaret J. Palmer, wife of Dr. Frederick A. Levy, and daughter of Margaret J. and the late Hunloke W. Palmer.

GUYTON.—At Sioux City, Iowa, of consumption, on the 4th inst., Ella C., wife of Dr. B. A. Guyton, aged 32 years, daughter of Jesse W. Lee, of Baltimore, Md.

UGLOW.—On Wednesday morning, January 28, William Ross, son of the late James Uglow, M.D., S.U. S.A., and grandson of William S. Ross, deceased, of New York, in the 23rd year of his age.

SCRIBNER.—At Tarrytown, New York, on Wednesday morning, Jan. 28th, 1880, James W. Scribner, M.D., in the 60th year of his age.

SUTTER.—On the 21st ult., at Mount Holly, N. J., Dr. Thomas J. Sutter, aged 80 years.